TIM TIPTON
COMMISSIONER

J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA
DEPARTMENT OF PUBLIC SAFETY

Wrecker Services Complaint Form

Instructions:

Use this form to submit a complaint regarding a licensed wrecker service, wrecker operator, or towing-related activity regulated by the Oklahoma Department of Public Safety. Please provide all documentation and information related to your complaint and include supporting documentation when available.

Please submit this document, along with all supporting documentation, to one of the following:

Email: wrecker@dps.ok.gov
Fax: 450-930-4166
Mail: P.O. Box 53004
Oklahoma City, OK 73152

Section 1 – Complainant Information

Name: _____

Address: _____City: _____ State: _____ ZIP: _____

Phone Number: _____Email Address: _____

Section 2 – Wrecker Service Information

Name of Licensed Wrecker Service: _____Wrecker License Number: _____

Business Address: _____City: _____ State: _____ ZIP: _____

Phone Number: _____

Wrecker Operator/Driver Name (if known): _____

Section 3 – Incident Information

Date of Incident: _____ Time: _____

Location of Incident: _____

Vehicle Owner Name: _____

Vehicle Information: Year: _____ Make: _____ Model: _____

License Plate Number: _____ VIN: _____

Section 4 – Type of Service

- ◯ **Law Enforcement Rotation Tow**
- ◯ **Nonconsensual Tow**
- ◯ **Private Property Tow**
- ◯ **Consent Tow**
- ◯ **Vehicle Storage/Impound**
- ◯ **Other: _____**

Section 5 – Complaint Type

(Check all that apply)

- ☐ **Unlicensed or improper operation**
- ☐ **Failure to comply with DPS rules or requirements**
- ☐ **Improper towing procedures**
- ☐ **Improper handling of vehicle/property**
- ☐ **Vehicle damage during towing or storage**
- ☐ **Failure to maintain required records**
- ☐ **Failure to provide required documentation**
- ☐ **Operator conduct complaint**
- ☐ **Safety violation**
- ☐ **False or misleading information**
- ☐ **Other:_____**

Section 6 – Complaint Description

Provide a detailed description of the incident, including dates, individuals involved, actions taken, and any attempts made to resolve the issue. Attach additional pages if necessary.

Section 7 – Complainant Certification

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Executed on the day of _____, 2026, at _____, Oklahoma.
(City or County)

Signature: _____

Printed Name: _____

Date: _____

Section 8 - FOR DPS USE ONLY

WS Complaint Number: _____

Date Received: _____

Assigned To: _____ **Troop:**_____

Investigation Type: _____

Findings:
☐ **Substantiated**
☐ **Unsubstantiated**
☐ **Outside Department Authority**
☐ **Administrative Action Taken**
☐ **Other:** _____

Notes:
_____
_____
_____
_____

Oklahoma Department of Public Safety
Wrecker Services Unit
405-425-2312